

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						REGISTRATION NO. <i>97880688</i>	ISSUING DATE
						1/12/01 CLAIMS	
AS FILED			AFTER AMENDMENT		AFTER AMENDMENT	1/12/01	
NO.	DET.	DET.	NO.	DET.	DET.	NO.	DET.
1	/					61	/
2	/					62	
3						63	
4						64	/
5						65	/
6						66	/
7						67	
8						68	
9						69	
10	/					70	
11						71	
12						72	
13						73	
14						74	
15	/					75	
16						76	
17						77	
18						78	
19						79	
20						80	
21						81	
22						82	
23						83	
24						84	
25						85	
26	/					86	
27						87	
28						88	
29						89	
30						90	
31						91	
32						92	
33						93	
34						94	
35						95	
36						96	
37						97	
38						98	
39						99	
40						100	
TOTAL NO.	10					TOTAL NO.	11
TOTAL DET.	26					TOTAL DET.	41
TOTAL CLAIMS	36					TOTAL CLAIMS	52

*NOT TO BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS
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